

<i>SERFF Tracking Number:</i>	<i>UTCX-125417211</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>WC AR09466CGF01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation/WC AR09466CGF01</i>		

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company	SERFF Tr Num: UTCX-125417211	State: Arkansas
Product Name: Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$20
TOI: 16.0 Workers Compensation	Co Tr Num: WC AR09466CGF01	State Status: Fees verified and received
Sub-TOI: 16.0004 Standard WC		
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: SPI UticaNational	Disposition Date: 01/09/2008
	Date Submitted: 01/07/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Workers Compensation	Status of Filing in Domicile:
Project Number: WC AR09466CGF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/09/2008	
State Status Changed: 01/09/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
With this filing we are adopting NCCI Item Filing B-1405- Terrorism Risk Insurance Act of 2007 and Item P-1405 - Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements as set forth in NCCI Circulars CIF-2007-09 and CIF-2007-10.	

Company and Contact

Filing Contact Information

SERFF Tracking Number: UTCX-125417211 State: Arkansas
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$20
Company Tracking Number: WC AR09466CGF01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Workers Compensation/WC AR09466CGF01

Tina Cirelli, Senior State Filings Coordinator tina.cirelli@uticanational.com
180 Genesee Street (315) 734-2129 [Phone]
New Hartford, NY 13413 (315) 734-2252[FAX]

Filing Company Information

Utica Mutual Insurance Company	CoCode: 25976	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 15-0476880	

Graphic Arts Mutual Insurance Company	CoCode: 25984	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 13-5274760	

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<i>Company Tracking Number:</i>	<i>WC AR09466CGF01</i>		
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<i>Project Name/Number:</i>	<i>Workers Compensation/WC AR09466CGF01</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Utica Mutual Insurance Company	\$20.00	01/07/2008	17364243

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/09/2008	01/09/2008

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Disposition

Disposition Date: 01/09/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment: Workers' compensation filings are prior approval but the Commissioner has agreed to approve the terrorism filings retroactively to 1/1/08.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - EXPEDITED. TERRORISM FILING	Approved	Yes

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	UTCX-125417211	State:	Arkansas
First Filing Company:	Utica Mutual Insurance Company, ...	State Tracking Number:	EFT \$20
Company Tracking Number:	WC AR09466CGF01		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Workers Compensation/WC AR09466CGF01		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	01/09/2008
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Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name:	AR - EXPEDITED. TERRORISM FILING	Review Status:	Approved	01/09/2008
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Comments:

Attachment:

AR - EXPEDITED_ TERRORISM FILING.PDF


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Utica National Insurance Group				Group NAIC #	0201
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Utica Mutual Insurance Company	NY	25976	15-0476880			
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760			

5. Company Tracking Number	WC AR09466CGF01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tina D. Cirelli 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2129	315-734-2252	tina.cirelli@uticanational.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Tina D. Cirelli			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation	
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC	
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]		
12. Company Program Title (Marketing Title)		
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)	
14. Effective Date(s) Requested	New: 01/01/2008	Renewal:
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16. Reference Organization (if applicable)	NCCI	
17. Reference Organization # & Title	NCCI Items B-1405 and P-1405	
18. Company's Date of Filing	01/07/2008	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	WC AR09466CGF01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

With this filing we are adopting NCCI Item Filing B-1405- Terrorism Risk Insurance Act of 2007 and Item P-1405 - Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements as set forth in NCCI Circulars CIF-2007-09 and CIF-2007-10.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<div data-bbox="180 1461 535 1516"> <p>Check #: Submitted EFT</p> <p>Amount: \$20.00</p> </div> <div data-bbox="151 1753 1304 1812"> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> </div>

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

EXPEDITED FILING TRANSMITTAL DOCUMENT FOR TERRORISM RISK INSURANCE FORMS AND PRICING

This page applies to the following state(s) AR

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Utica Mutual Insurance Company	NY	0201-25976	15-0476880
Graphic Arts Mutual Insurance Company	NY	0201-25984	13-5274760

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Tina D. Cirelli - Senior State Filings Coordinator 180 Genesee Street New Hartford NY 13413	315-734-2129	315-734-2252	tina.cirelli@uticanational.com

Filing information

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	Workers Compensation – Adoption of NCCI Items B-1405 and P-1405
Filing Type ** see note below	
This application is used with:	
Effective Date Requested	01/01/2008
Filing date	01/07/2008
Company Tracking Number	WC AR09466CGF01
Date filing approved in domiciliary state, if applicable	

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Terrorism Risk Ins. Program Reauth. Act. Endt.	WC 000113A Ed. 01-08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 000113 Ed. 01-06	
02	Domestic Terrorism Earthquakes & Catastrophic Industrial Accidents Premium Endt	WC 000421B Ed. 01-08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 000421 A Ed. 01-06	

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☒ Is in compliance with the terms of the Terrorism Risk Insurance Act of 2002 and the laws of this state; and
- ☒ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Tina Cirelli

Signature

Tina D. Cirelli
Print Name

Senior State Filings Coordinator
Title